



Committee for Purchase From People Who Are Blind or Severely Disabled
2010 E. R. “Dick” Alley Career Achievement Award Nomination Form
(Applications due by March 26, 2010)

Eligibility

All individuals employed by the Federal Government are eligible to be nominated, with the exception of Committee members and staff.

Evaluation Criteria

All nominees will be evaluated and rated based on the following criteria:

1. Consistent, dedicated service in the form of specific actions which have impacted and materially advanced the employment of people who are blind or have other severe disabilities through the AbilityOne Program over a substantial number of years.
2. Demonstrates a high degree of personal integrity, as well as exceptional knowledge and understanding of the AbilityOne Program.
3. Establishes/maintains cooperative relationships with members of the AbilityOne team (Committee, NIB, NISH, nonprofit agencies, Federal customers).

NOTE: Nomination submissions (including additional recommendations) **must be received via electronic mail in an accessible file format** (i.e., Word, Word Perfect, or ACCESSIBLE Adobe PDF, etc.). Signed hard-copy endorsement originals will be accepted only in conjunction with the appropriate electronic files.

Persons submitting nominations must complete the following form and address each of the evaluation criteria with examples of accomplishments cited whenever possible, including number of years the nominee has worked with the AbilityOne Program and number of people who are blind or have other significant disabilities who are employed as a result of the nominee's accomplishments. An Award Selection Committee will review and rate all nominations and reach a decision in April 2010.

Send this nomination form with all attachments electronically to Stephanie Lesko via email at slesko@abilityone.gov or awards@abilityone.gov.





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PART I. NOMINEE

Name and Title:

Phone:

E-mail:

Agency Name and Address:

Supervisor's Name and Title:

Phone:

E-mail:

PART II. NOMINATOR

Name and Title:

Phone:

E-mail:

Organization Name and Address:

PART III. NARRATIVE

In the space provided below, please provide a description of how the nominee meets the selection criteria for this award. Cite examples of accomplishments whenever possible. Include number of years nominee has worked with the AbilityOne Program and number of people who are blind or have other significant disabilities who are employed as a result of the nominee's accomplishments. Please limit the narrative to 4,000 characters or less, the equivalent of two pages of an attached Word file to this form.

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attachments electronically to
Stephanie Lesko via email at
slesko@abilityone.gov or
awards@abilityone.gov.**

